

IN PATIENT SUMMARY BILL

UHID : MMH202481667

IP No : IP2024002123

Patient name : Mrs.UMA RANI E

Age : 66 Y 9 M 20 D/Female

Bill No : MMH/MH/IP202402099

Bill Date : 30/09/2024

DOA : 23/9/2024 10:54AM

DOD :

Entity Type : Insurance

Entity Name : THE ORIENTAL INSURANCE

Consultant Name : Dr.SRIRAM THANIGAI

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 24,300.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
5	EQUIPMENT	₹ 6,500.00
6	INJECTION CHARGES	₹ 3,200.00
7	INTENSIVIST CHARGES	₹ 3,000.00
8	LABORATORY	₹ 14,766.00
9	NURSING CHARGE	₹ 5,200.00
10	OPERATION THEATRE CHARGES	₹ 34,325.00
11	OTHER ADDITION	₹ 51,392.00
12	PHARMACY CHARGE	₹ 401,226.00
13	PHYSIOTHERAPY	₹ 4,800.00
14	PROCEDURE CHARGES	₹ 2,500.00
15	PROFESSIONAL TEAM FEES	₹ 182,000.00
16	RADIOLOGY	₹ 5,450.00
Gross Amount		₹ 742,509.00
Sanction Amount		₹ 659,340.00
Net Payable		₹ 742,509.00
Advance Amount		₹ 83,170.00
Received Amount		₹ 0.00
Refund Amount		₹ 1.00

Received Amount in Words : Eighty-Three Thousand One Hundred Seventy Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/23/2024	MMH/MH/RECH202403710	CARD	Advance Amount	5,000.00
2	9/27/2024	MMH/MH/RECH202403786	CARD	Advance Amount	78,170.00

Medical Claim	Claim No	Sanction Amount
THE ORIENTAL INSURANCE	39962164 , 39896740	659,340.00